

CASON H-W 168

81E12

PAL

Hamilton District Health
Council

East End Community Health
Services Facility Task Force
Final report Sept 1981

GOVERNMENT DOCUMENT
81-21-15

-425429

HAMILTON PUBLIC LIBRARY
OCT 21 1981
GOVERNMENT DOCUMENTS

FINAL REPORT OF THE
EAST END COMMUNITY HEALTH SERVICES FACILITY TASK FORCE

September 16, 1981

TABLE OF CONTENTS

	<u>PAGE</u>
I. Executive Summary	1
A. Terms of Reference	1
B. Recommendations	2
II. Emergency Centres Outside Canada	6
III. History and Background	7
IV. Scope of Services/Programmes	12
V. Administration - relationship to other institutions	31
VI. Costs	33
A. Land	33
b. Building	34
VII. Appendix	36

I. EXECUTIVE SUMMARY

Preamble

On December 18, 1979 the Minister of Health announced his approval for the Hamilton-Wentworth District Health Council to develop a proposal on the scope, nature and costs of a community health services facility to serve the immediate needs in the east end of Hamilton-Wentworth. The Minister's announcement was in response to a recommendation from the Health Council which demonstrated the need for such a facility to meet identified deficiencies in health care services in the east end; these deficiencies being in ambulance services, children's dental services, emergency services, long term care services, mental health services, specialists' services and allied health services.

As a result of this decision, the Hamilton-Wentworth District Health Council established a task force to develop an in-depth proposal for a community health services facility, with the task force operating under the following terms of reference and within the context of the Minister's December 18, 1979 announcement and his subsequent letter of February 6, 1980.

A. Terms of Reference

1. The Task Force is to conduct a complete review of the requirements for community health services identified by the Health Council from the Report of the Steering Committee on Health Care in the East End and submissions from other groups received through the Health Council.

A. Terms of Reference (cont'd)

2. Upon analysis of the defined deficiencies the Task Force is to determine the most appropriate type of community health services facility for meeting these needs for services in the East End of Hamilton-Wentworth.
3. Based upon these recognized needs and within the context of health care needs of the whole region of Hamilton-Wentworth, the Task Force is charged with determining how these services will be structured in this health facility. While this community health services facility would be the operational responsibility of one of the Hamilton hospitals, it is expected that services offered would be integrated with the network of health services and programmes available in Hamilton-Wentworth.

B. Recommendations

The East End Community Health Services Facility Task Force has determined that the following are the most appropriate services and programmes that should be included in a health services facility to meet the needs of the citizens of East Hamilton and Stoney Creek:

1. Emergency Medical Services
2. Laboratory Services
3. Radiology Services
4. Ambulance Depot
5. Mental Health Services

B. Recommendations (cont'd)

6. Out-patient Services including:
 - Audiology
 - Diabetic Day Care
 - Nutrition
 - Speech Pathology
7. Public Health Services including:
 - Nursing Services
 - Child and Adolescent Services
 - Dental Services
8. Home Care Programme
9. Meals on Wheels/Wheels to Meals
10. Counselling Services including:
 - Crisis Intervention
 - Family Counselling
 - Budget Counselling
11. Geriatric Day Therapy Centre

The Minister of Health, in requesting the Health Council to undertake the development of a proposal on the scope, nature and cost of a community health services facility, stated that the facility would be administered by one of the Hamilton hospitals; which hospital this will be is yet to be determined.

B. Recommendations (continued)

THE TASK FORCE RECOMMENDS THAT:

- I. THE ADMINISTERING HOSPITAL SHOULD HAVE OWNERSHIP OF BOTH THE LAND AND THE BUILDING AND THE OPERATIONAL COSTS BE EXTRA-GLOBAL TO THE ADMINISTERING HOSPITAL.

As a result of the Interim Report of the Task Force, the Minister has agreed to provide 2/3 of the cost of the land necessary for this facility. Funding arrangements for capital construction have not yet been determined by the Ministry of Health.

- II. FORMAL ARRANGEMENTS SHOULD BE NEGOTIATED BETWEEN THE ADMINISTERING HOSPITAL AND OTHER AGENCIES AND INSTITUTIONS PROVIDING SERVICES TO ENSURE THAT THESE SERVICES AND PROGRAMMES ARE INTEGRATED INTO THE PRESENT HEALTH CARE SYSTEM.

- III. THE ADMINISTERING HOSPITAL, THROUGH ITS BOARD OF TRUSTEES, ESTABLISH SPECIFIC COMMUNICATION LINKS WITH THE CITIZENS OF EAST HAMILTON AND STONEY CREEK WHO WILL BE AFFECTED BY THE EAST END COMMUNITY HEALTH SERVICES FACILITY.

- IV. THE NECESSARY LAND ON WHICH TO CONSTRUCT A HEALTH FACILITY OF THIS SCOPE SHOULD BE APPROXIMATELY FIVE (5) ACRES.

The Task Force, in the course of its deliberations, is aware that there were a number of opinions regarding long term future requirements. While the Task Force appreciates these concerns, this was not considered to be

B. Recommendations (continued)

part of the charge that had been given to it by the Minister of Health.

The Task Force anticipates that the Hamilton-Wentworth District Health Council, within its mandate, will be carrying out long range planning. Within this context it is recommended that consideration should be given to the possibility of acquiring additional land.

II Emergency Centres Outside Canada

Freestanding emergency centres represent a new organizational pattern of delivering health care services in the United States, as providers, both hospitals and physicians, adapt to the changing health industry environment and attempt to match their resources and capabilities to patients' needs and demands.

In 1978, the Robert Wood Johnston Foundation funded a survey ⁽¹⁾ of freestanding emergency centres to gain an appreciation of their numbers and scope of services. This survey at that time identified fifty-five freestanding emergency centres in the United States, of which fourteen were hospital-associated.

Because no model for a freestanding hospital-based emergency medical facility exists, to our knowledge, in Canada, a site visit was made to a hospital-operated emergency centre in Reston, Virginia (see Appendix H). This centre was chosen because it has responded to a need similar to the mandate of the East End Task Force, and has been in operation long enough to assess the outcome of this operational arrangement.

It should also be noted that the Ontario Hospital Association has been studying hospital outreach programmes and encourages its members to become more involved in community outreach programmes.

(1) "Preliminary Survey of Freestanding Emergency Centres",
Orkland Corp., Silver Spring, Md. February 1979.

III.

HISTORY AND BACKGROUND

The Hamilton-Wentworth District Health Council, in the spring of 1977, established a steering committee to conduct a study of the need for health care services in the east end of Hamilton-Wentworth. This Committee was comprised of nine citizens who were representative of the community as a whole and who had previously demonstrated knowledge and expertise in health care matters.

The Committee worked for over a year conducting a study of the utilization of health services in the east end to determine the level of health care available at that time. The surveys that the Committee conducted were specifically designed for the East End Study by the Department of Clinical Epidemiology and Biostatistics at McMaster University. The surveys examined the utilization of the full range of health services by both residents and physicians and identified the problems of the residents using these services. Each survey was structured to include respondents who represented a broad range of the population both by geographic distribution, age, sex, income, education and ethnic background.

In addition to the research done through the survey, the committee also collected technical information on areas such as ambulance services, long term care services, population projections, transportation services which are presently available or are being planned, and many other factors.

Also, the committee solicited, through formal advertisements, the views of interested organizations and the community at large to the issue of health services in the east end. The committee received over 250 responses to the request and these views were carefully considered in the deliberations

of the committee. The methodology which was used by the committee and the findings of the committee are contained in the report, "Report of the Steering Committee for the Study of Health Care in the East End of Hamilton-Wentworth".

The Steering Committee reported its findings to the Hamilton-Wentworth District Health Council in June 1978. The Health Council, upon receiving the Report, reserved judgment and debate for three months to enable the community to study and respond to the Steering Committee Report. The responses from the community were reviewed in September 1978 and after examining all the information, the District Health Council decided there was no need for the development of an acute care community general hospital in the east end of Hamilton-Wentworth in the foreseeable future.

However, the Health Council did support the findings of the Steering Committee that there are definite deficiencies in other areas of health services in the east end. The main areas which were identified are:

1. ambulance services
2. dental health services for children
3. emergency services
4. long term care services
5. mental health and psychiatric services
6. primary care services including family physician and general specialist services, and
7. therapeutic services such as physiotherapy and speech therapy.

In order to further clarify the health care service requirements of the east end, the Minister of Health requested the Hamilton-Wentworth District Health Council to conduct an independent study to determine the cost ramifica-

tions of re-building the Hamilton General Hospital in the east end of Hamilton-Wentworth as opposed to re-building it on its present site. The health care consulting firm of Peat, Marwick and Partners was chosen from a number of submissions to conduct this in-depth cost/benefit study.

The study and the resulting report, "The Cost Benefit Analysis of the Site of the Hamilton General Hospital", compared the costs and benefits of: 1) re-building the Hamilton General Hospital on its present site and constructing a community health services facility in the east end of Hamilton-Wentworth with the costs and benefits of 2) re-building the Hamilton General Hospital in the east end of Hamilton-Wentworth. After thoroughly examining both alternatives, the report states that "no alternative is superior to the other in terms of quality of care". However, the Report did recognize that there is a significant difference in cost between the two alternatives. "Re-building the Hamilton General Hospital on its present site and building a community health services facility in the east end of Hamilton-Wentworth would result in a saving of \$16.4 million over moving the location of the Hamilton General Hospital to the east end of Hamilton-Wentworth"⁽¹⁾.

After a thorough review of the studies completed for the Health Council, and a number of public submissions, the Hamilton-Wentworth District Health Council, in November 1979, concluded that action should be taken immediately to provide the health care services needed in the east end of Hamilton-Wentworth by establishing a community health services facility in the east end of Hamilton-Wentworth capable of expanding if needed in the future and, that the Hamilton General Hospital be re-built on its present site.

(1) The Cost Benefit Analysis of the Site of the Hamilton General Hospital; Peat, Marwick & Partners. August 1979.

These recommendations were presented to the Honourable Dennis R. Timbrell, Minister of Health of Ontario and were subsequently approved and formally announced by him at a press conference in December 1979. The Minister, in making the announcement, asked the Hamilton-Wentworth District Health Council to begin "at the earliest possible time, the development of a separate proposal on the scope, nature and costs of an appropriate community health services facility".

In order to proceed with these actions, the District Health Council established a Task Force to conduct a complete review of the requirements for community health services identified in earlier reports, to determine the most appropriate type of community health services facility for meeting the identified needs for services in the east end of Hamilton-Wentworth and, based upon the identified needs, to determine how these services would be structured in the facility, keeping in mind that the facility would be an operational responsibility of one of the Hamilton hospitals.

The Task Force began its deliberations in May of 1980 and was structured so as to give a balanced cross-section between the views of Health Council members, professionals involved in the Hamilton-Wentworth health care system and citizens from the east end of Hamilton-Wentworth. In addition, the Task Force has a Professional Advisory Sub-Committee which has a more diverse representation of professionals from throughout the District with special representation from physicians in the east end of Hamilton-Wentworth (Appendix E).

In September 1980, the East End Community Health Services Facility Task Force drafted a discussion paper outlining the services that any facility developed in the east end of Hamilton-Wentworth would have to encompass. Professional and community groups were invited to review the discussion paper and present their comments at an open meeting held in the east end. Two standing committees of the Health Council, the Health Professions Coordination Group and the Community Health Care Coordination Group, were also requested to submit their recommendations on which health care services they felt were needed in the east end community health services facility.

Interim Report

Based on the information collected and the submissions at the open meeting, it became apparent to the East End Task Force that there was an urgent need for immediate remedy of certain deficiencies. Consequently, in November 1980, the Task Force presented an Interim Report to the Hamilton-Wentworth District Health Council. The Health Council subsequently submitted the recommendations to the Ministry of Health, requesting immediate implementation (Appendix F).

As a result of the recommendations outlined in the Interim Report, the Ministry of Health established a temporary ambulance depot in Stoney Creek in March 1981 and further approved an additional 100 nursing home beds to be located in the east end of Hamilton-Wentworth.

IV. SCOPE OF SERVICES/PROGRAMMES

Working in conjunction with community and professional representatives and responding to submissions by the Health Professions Coordination Group and Community Health Care Coordination Group of the Health Council, the East End Task Force has determined that the following health care services and district programmes should be located in an east end community health services facility to meet the identified needs of the citizens in East Hamilton and Stoney Creek:

1. Emergency Medical Services including:

Laboratory

Radiology

2. Ambulance Depot and office

3. Mental Health Services

4. Out-Patient Services including:

Audiology

Diabetic Day Care

Nutrition

Speech Pathology

5. Public Health Services including:

Nursing Services

Child and Adolescent Services

Dental Services (preventive programme)

6. Home Care Programme Coordinator

7. Meals on Wheels/Wheels to Meals Depot

8. Counselling Services including:

Crisis Intervention

Family Counselling

Budget Counselling

9. Geriatric Day Therapy Centre

1. Emergency Medical Services

Based on a survey done by the Hamilton-Wentworth District Health Council of emergency room utilization of the Hamilton hospitals plus Joseph Brant in Burlington and West Lincoln in Grimsby during 1980, the estimate of visits by east end residents annually for episodic care is projected to be 25,000. This is based on a total number of visits by east end residents to hospital emergency departments in 1980 of 30,400 less booked cases, hospital admissions and patients transferred by ambulance.

The result of the emergency room survey also indicated that emergency departments receive their heaviest usage between 0800 hours and midnight. Approximately 87% of the visits occur during these hours.

THE TASK FORCE THEREFORE RECOMMENDS THAT:

- i. *The Community Health Services Facility be operated initially for sixteen hours a day, between the hours of 0700 and 2300.*
- ii. *The facility be staffed by emergency room physicians (casualty officers) and nurses who will rotate through the emergency department of the administering hospital.*
- iii. *An x-ray facility should be included and staffed when the facility is open. The radiology technicians will also rotate through the administering hospital.*

- iv. A laboratory be located on the premises to perform simple routine tests such as blood counts, urinalysis, certain chemistry tests, throat swabs, and electrocardiograms. The less urgent or specialty tests would be sent to the appropriate hospital laboratory for processing.

The Task Force realizes that this facility will not supplant the kinds of sophisticated services available within the system and should provide services for walk-in episodic non life-threatening problems (ambulatory emergencies). Noting this,

THE TASK FORCE ALSO RECOMMENDS THAT:

- no life-threatening emergencies should be referred to this service unless no alternative is available;
- all life-threatening emergencies carried by ambulance should be directed to hospital-based emergency rooms;
- Major trauma will be directed to the regionally designated centre;
- it is recognized that patients presenting to this service could become complicated emergencies; therefore, the facility must have the capacity during its hours of operation to stabilize these patients until safe transportation can be undertaken;
- staffing should be full time casualty officers;

- *community physicians, their staff and answering services, and the public should be informed of the scope of services.*
- *this service provide episodic non life-threatening emergency care and is not to provide on-going continuing care; and*
- *communications between this facility and family physicians should be patterned after established procedures in other emergency rooms in Hamilton-Wentworth hospitals.*

The space requirement for emergency medical services, laboratory and x-ray should be approximately 4,100 sq. ft. for an estimated 25,000 visits per year. This is based on a formula⁽¹⁾ allowing 1 sq. ft. for each six patient visits per year.

The estimated budget for staffing and professional fees will be approximately \$800,000. A detailed budget proposal including staffing, operating, and maintenance costs will be submitted to the Ministry of Health by the hospital administrating the emergency services in the East End Community Health Services Facility.

(1) Ghent, W.R., and Dagnone, L.E. "A Numerical Method of Evaluating and Categorizing Hospital Emergency Departments". CMA Journal, July 1976.

2. Ambulance Depot

In response to the Interim Report of the East End Community Health Services Facility Task Force, the Ministry of Health approved a temporary ambulance depot for Stoney Creek. This depot opened in March, 1981. The ambulance, which will remain in the region's central dispatch, will operate initially for 12 hours a day and its use will be monitored during the first 18 months of operation to ensure that optimum use is made of this vehicle.

The expectation is that the depot will be incorporated within the new facility

3. Mental Health Services

The Mental Health Services to be located in the East End Health Services Facility are contained in a separate proposal (Appendix G) recommended by the Hamilton-Wentworth District Health Council to the Ministry of Health in April 1981.

The goals of the programme are to:

- A. provide psychiatric assessments of adults referred by general practitioners and social agencies in the east end and provide a range of services from consultation to direct care;
- B. assist local care-givers in managing mental disorders and other behavioural problems; and
- C. coordinate aftercare for east end residents discharged from psychiatric units in Hamilton-Wentworth.

This proposal has been forwarded to the Adult Community Mental Health Branch of the Ministry of Health for consideration for funding. Staffing, space accommodations, and budget proposal are contained in Appendix G.

4. Out-Patient Services

Audiology

Presently there are four qualified audiologists serving the needs of the Hamilton-Wentworth population. They are located within Chedoke-McMaster Hospitals, with representation in both divisions.

The Health Manpower Planning Section of the Ministry of Health recommends one audiologist for every 50,000 population. Applying this ratio to the Hamilton-Wentworth population indicates the area to be significantly under-supplied with audiology services. Because it is a regional referral centre, the existing audiology clinics are also serving patients who reside in areas outside the Hamilton-Wentworth region where no services are available.

The current waiting time for services at the Chedoke-McMaster audiology clinics is four months. Because of long waiting periods and the geographic inaccessibility to audiology services by east end residents,

THE TASK FORCE RECOMMENDS THAT:

An audiology unit be located in the East End Health Services Facility.

Ideally, because the programme is already established at Chedoke-McMaster Hospital, the audiology staff in the East End Health Services Facility could rotate through the Audiology Programme at Chedoke-McMaster Hospitals.

An audiology unit including testing and counselling/office areas would require a minimum of 500 sq. ft. Specialized equipment and sound treated environment is estimated at \$65,000.

Diabetic Day Care

Presently there is one Diabetic Day Care Programme in the Hamilton-Wentworth district. This clinic, located at the McMaster Division of the Chedoke-McMaster Hospital has a staff consisting of a physician administrator, three internists, two pediatricians on a part time basis, and three nurse clinicians. The nurses are trained in service and training takes one year.

The current waiting list for admission to the Diabetic Day Care Programme is two months. With the concurrence of the programme administrator, Dr. Wm. Spaulding,

THE TASK FORCE RECOMMENDS THAT:

An extension of the present programme with staff rotating from McMaster University Medical Centre with its established back-up facilities, is necessary to adequately serve the east end of the district.

The Task Force also recognizes that the education and research components presently integrated into the Diabetic Day Care Programme could be extended to the East End Community Health Services Facility and expanded to include interested physicians in the east end.

Nutrition services, also recommended to be included in the East End Community Health Services Facility would be a necessary adjunct to complement the Diabetic Day Care Programme.

Space requirements for Diabetic Day Care would be approximately 600 sq. ft.

Nutrition

Currently in the Hamilton-Wentworth region, the following professionals provide nutrition services:

- a. there are six dietitians in health care institutions who provide out-patient nutrition counselling;
- b. there are two community nutritionists in the region: one with Family Services of Hamilton-Wentworth and one with the Home Care Programme;
- c. a nutritionist employed by the Public Health Unit who plans nutrition education programmes, but provides no individual nutrition counselling services.

All physician referrals are made to the nutritionists located in out-patient clinics in the Hamilton hospitals or to Joseph Brant Hospital. There are no nutrition counselling services located in the east end and caseloads of existing nutrition counselling services reflect little or no utilization by east end residents.

The requirements for nutritionists/dietitians established by the Ontario Council of Health Task Force on Nutrition and Dietetic Services (1975) state a ratio of 1 community nutritionist per 100,000 population.

Based on this ratio and the geographic distribution of out-patient nutritionists, the east end of Hamilton-Wentworth is under-serviced in nutrition counselling.

Because of this shortage and the requirement of the Diabetic Day Care Programme to work in conjunction with nutrition counsellors,

THE TASK FORCE RECOMMENDS THAT:

Community nutrition out-patient services be located in the East End Community Health Services Facility, these services to be provided by the administering hospital.

Space requirements would be approximately 200 sq. ft. plus classroom space, which can be shared with other services.

Speech Pathology

The Speech Pathology Services currently located in Hamilton-Wentworth region are:

In-patient	4 Speech Pathologists (Rehabilitation - Stroke, head injury)
Out-patient	7
School Board	1.5
Home Support Services	0.3
Chronic Care Unit	1
Pediatric Chronic Care	<u>1.2</u>
	15 Speech Pathologists

Presently all the out-patient Speech Pathology Services are located in the west end of the city of Hamilton which have a considerable waiting list and a lengthy delay for an appointment.

Approximately 8% - 10% of the total population are affected by speech disorders, with the highest incidence occurring in the first four grades of the school population. Current population of the east end of Hamilton-Wentworth is 82,560, with 23% of the population under the age of 13 (Appendix B).

The Ministry of Health recommends one speech pathologist to every 25,000 population plus one for every 10,000 school population.

With the present shortage of speech pathologists in the east end of Hamilton-Wentworth (0.5 Speech Pathologists in Public Health Clinic and 1 Speech Correctionist operating through the School Board for a five-month period each year), and the lack of speech pathology out-patient services in the east end of Hamilton-Wentworth,

THE TASK FORCE RECOMMENDS THAT:

*Speech Pathology Services be located in the
East End Community Health Services Facility.*

Space requirements are two treatment rooms of 130 sq. ft. each, secretariat office space, access to a shared waiting room, and a play room/group therapy room. The Speech Pathology and Audiology Programmes complement each other and should be located together as a Communicative Disorder Programme.

5. Public Health Services

Because the Board of Health's mandate encourages the opening of offices in growing population centres,

THE TASK FORCE RECOMMENDS THAT:

The location of some or all of the following services provided by the Hamilton-Wentworth Regional Health Unit be located in the East End Community Health Services Facility:

Nursing Services -

- geriatric care*
- liaison programme*
- family planning counselling*
- nutrition counselling*
- prenatal and parenting classes*
- healthy lifestyle group counselling*
- pre-school assessment clinics*
- immunization clinic*
- hearing and vision screening for school children*

Child and Adolescent Services -

- psychological and psychiatric assessment*
- follow-up referrals from psychiatric facilities*

Dental Services

To complement its clinical services located in Stoney Creek,

THE TASK FORCE RECOMMENDS THAT:

The Public Health Unit's Dental Prevention and Dental Health Promotion Services should be located in the East End Community Health Services Facility.

IV.

The service comprises a team of a dental hygienist and a dental assistant operating in a clinical setting with visits to the local schools for group education programmes.

Space requirements for Public Health Nursing and Child and Adolescent Services will be approximately 2,000 sq. ft.

The Dental preventive services will require 2 clinical examining rooms of 130 sq. ft. each and secretarial office space, with access to a waiting room. Equipment for the dental programme will cost an estimated \$28,000.

Clinical dental space may be required in the future, therefore, the building design should accommodate this possibility.

IV.

6. Home Care Programme Coordinator

The Hamilton-Wentworth Home Care Programme currently has a coordinator in each of the public general hospitals in the Hamilton-Wentworth region to process referrals and assist in discharge planning.

THE TASK FORCE RECOMMENDS THAT:

A Home Care Coordinator be located in the East End Community Health Services Facility to process referrals for east end residents.

Space requirements would be office space of 120 sq. ft.

7. Meals on Wheels/Wheels to Meals

Based on a report by the Social Planning and Research Council⁽¹⁾ regarding the Meals on Wheels Programme, service to the east end of Hamilton-Wentworth reaches less than half of the projected users of this service. Inaccessibility to facilities providing Meals on Wheels accounts mainly for the under-utilization in the east end of Hamilton-Wentworth.

THE TASK FORCE RECOMMENDS THAT:

*The East End Community Health Services Facility
include a Meals on Wheels/Wheels to Meals depot.*

This would require an appropriately designed kitchen where pre-prepared meals can be heated and distributed by volunteers to shut-ins in the community, and a dining room to serve persons brought in on the Wheels to Meals Programme. These services would require approximately 1,000 sq. ft., including office space for the programme coordinator.

A geriatric day therapy centre in the facility would also make use of these facilities.

(1) Orr, Jody S. "Report to the Regional Meeting of Meals on Wheels Regarding a Study of Unmet Needs". February 1981.

8. Counselling Services

THE TASK FORCE RECOMMENDS THAT:

The administering hospital provide space to a wide variety of community agencies which provide various kinds of counselling services. Priority should be given to crisis intervention, assessment and referral services, family counselling and budget counselling.

Several of these agencies have expressed interest in such an arrangement.

9. Geriatric Day Therapy Centre

There is a definite shortage in this service in the Hamilton-Wentworth region. Presently there is only one geriatric day therapy centre located in Central Hamilton at St. Peter's Centre. This programme is operating at full capacity.

Because a Geriatric Day Therapy Centre has the potential to reduce institutionalization, and because of distance and travel time to the present programme,

THE TASK FORCE RECOMMENDS, AND IS SUPPORTED BY THE LONG TERM CARE TASK FORCE OF THE HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL, THAT:

A Geriatric Day Therapy Centre be included in the East End Community Health Services Facility.

This programme should provide therapeutic/rehabilitative services and would make use of the kitchen and dining facilities recommended for Wheels to Meals. Dental Services for the elderly participants could also be provided by the geriatric dental programme of the Public Health Unit.

Space requirements for a geriatric day therapy centre would be approximately 2,000 sq. ft., based on the experience of similar programmes.

V. ADMINISTRATION

In his letter dated February 6, 1980 to the Hamilton-Wentworth District Health Council, the Minister states, "While this ambulatory care unit would be the operational responsibility of one of the Hamilton hospitals, it is expected that services offered would be integrated with the network of health services and programmes available in the Region".

Because the selection of the administering hospital and subsequent agreement to undertake the responsibility to administer the East End Community Health Services Facility is incumbent upon the completion of the final report of the Task Force, the hospital has yet to be determined.

After the Minister of Health has responded to the report of the East End Task Force and its recommendations, it is recommended that at that time the Health Council, in cooperation with the two interested hospitals, determine which one shall be the responsible institution.

In a setting such as exists in the Hamilton-Wentworth region where Faculty of Health Science Clinical Teaching Programmes and Community Health Care Programmes are integrated closely, the administrative arrangements in the system are in place to ensure that planning of education resources and new service components do not occur in isolation from each other; that the quality of health care delivery is at an acceptable level for all parties; and that the clinical education programmes are relevant to the health care system.

Recognizing the integrated nature of the District Health Care System,

THE TASK FORCE RECOMMENDS THAT:

Wherever possible, services and programmes in the East End Community Health Services Facility be extensions or satellites of established programmes which can supply back-up resources, share personnel, and integrate educational and research components. Formal arrangements should be negotiated between the administering hospital and other agencies and institutions providing services to ensure that these services and programmes are integrated into the present health care system.

The report and its recommendations were all written keeping in mind the already well-developed and defined coordinated network of services involving the cooperation of administrators, educators, professionals, service groups and the community.

THE TASK FORCE RECOMMENDS THAT:

The administering hospital, through its Board of Trustees, establish specific communication links with the citizens of East Hamilton and Stoney Creek who will be affected by the East End Community Health Services Facility.

VI. COSTSa. LAND

As a result of the Interim Report of the East End Community Health Services Facility Task Force, the Minister of Health determined that his Ministry would fund 2/3 of the cost of the necessary land required to build the East End Community Health Services Facility.

Based on the proposed services, parking space and ambulance access, the amount of land required for this facility would be approximately five acres. After discussions with a management consultant, the average cost of land was determined to be \$90,000 per acre. This is not to say that a particular site would not cost considerably more than the "average", depending on location.

Using this figure as a base, the estimated land cost would be:

5 acres @ \$90,000	\$ 450,000	
Legal fees, pre-building costs	<u>53,500</u>	
	\$ 503,500	
Ministry of Health share 2/3		\$ 336,000
Municipality share 1/3		<u>167,500</u>
		\$ <u>503,500</u>

b. BUILDING

The estimated space requirements for the proposed programmes and services are as listed. These requirements include shared accommodation and multi-purpose rooms. The building should also be designed to allow for expansion without major changes in construction.

To the total net square footage required a figure of 30% - 35% is added to arrive at an approximate gross square footage of the building.

<u>Service</u>	<u>Sq. Ft.</u>
Emergency	4,200
Ambulance office	100
Mental Health	2,500
Audiology	600
Diabetic Day Care	600
Nutrition	200
Speech Pathology	400
Public Health - Nursing	2,000
- Dental	400
Home Care Coordinator	120
Meals on Wheels	1,000
Counselling Services	800
Geriatric Day Care	<u>2,000</u>
TOTAL	14,920 sq. ft. net

Because some of the above services will not require full-time accommodations, care must be taken in the building design to ensure maximum and effective utilization of space.

Cost estimate:

Space requirement - 15,000 sq. ft. net

20,000 sq. ft. gross (add 35% to net)

Cost per sq. ft. - based on 1979 consultant estimate:

\$50.00 sq. ft. (1979)	\$	50.00
Escalation 1980 12.5%		<u>6.25</u>
		56.25
Escalation 1981 12%		<u>6.75</u>
1981 sq. ft. cost	\$	<u>63.00</u>
20,000 sq. ft. x \$63.00/sq.ft. =	\$	1,260,000
Site work, architectural fees		190,260
Furnishing, equipment		<u>283,500</u>
TOTAL	\$	<u>1,733,760</u>

At the present time, there are no specific Ministry of Health guidelines for funding a facility of this nature. It is expected that the Ministry of Health funding must be substantial in order to make this project successful.

IT IS THE RECOMMENDATION OF THE TASK FORCE THAT:

The administering hospital have ownership of both the land and the building, and that the operational costs be extra-global to the administering hospital.

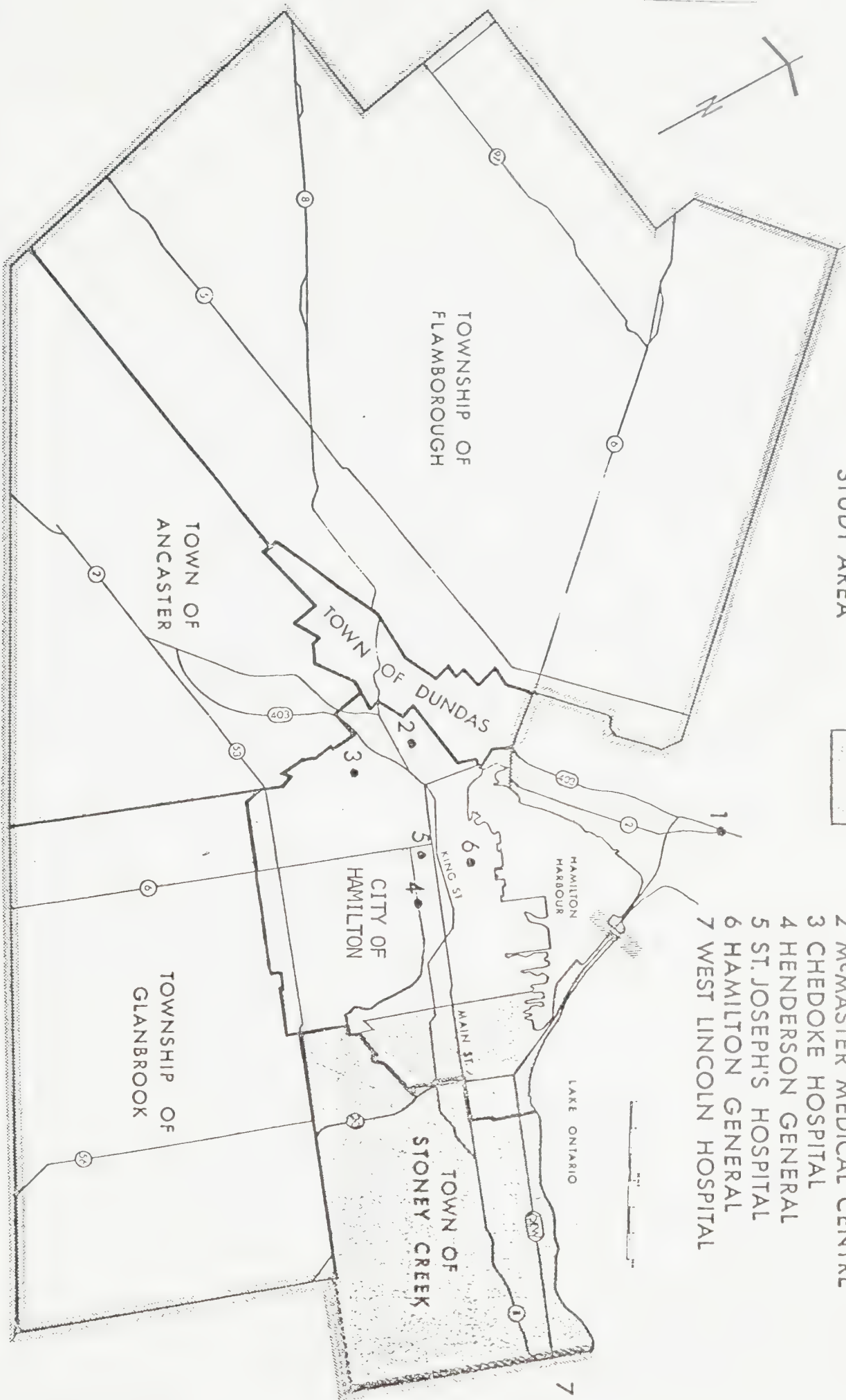
- A. Map of Hamilton-Wentworth East End Area and Location of hospitals
- B. Population changes in East Hamilton and Stoney Creek
- C. Map of Proposed area for the location of the East End Community Health Services Facility
- D. Minister's request for a proposal for an East End Community Health Services Facility
- E. East End Community Health Services Facility Task Force and Professional Advisory Committee Membership
- F. Interim Report and Minister's Response
- G. Mental Health Proposal - East End of Hamilton-Wentworth
- H. ACCESS of the Fairfax Hospital Association of Virginia, U.S.A.

LEGEND

STUDY AREA



- 1 JOSEPH BRANT HOSPITAL
- 2 McMASTER MEDICAL CENTRE
- 3 CHEDOKE HOSPITAL
- 4 HENDERSON GENERAL
- 5 ST. JOSEPH'S HOSPITAL
- 6 HAMILTON GENERAL
- 7 WEST LINCOLN HOSPITAL



STUDY AREA,
& LOCATION OF AREA HOSPITALS

POPULATION CHANGES

1977 - 1980

	<u>1977</u> <u>Population</u>	<u>1980</u> <u>Population</u>	<u>Change</u>	<u>PERCENTAGE</u> <u>Change</u> <u>from 1977</u>
Regional Municipality	411,801	410,503	-1,298	- 0.31%
City of Hamilton	312,307	306,853	-5,454	- 0.18%
Town of Stoney Creek	32,200	35,877	+3,677	+11.42%
<u>East End Study Area - by Planning Division</u>				
62	2,852	2,708	- 144	
63	1,998	1,579	- 419	
64	31,614	33,371	+1,757	
65	9,720	9,025	- 695	
51	20,895	23,278	+2,383	
52	4,937	4,844	- 93	
53	2,476	2,332	- 144	
54	<u>3,892</u>	<u>5,423</u>	<u>+1,531</u>	
TOTAL	78,384	82,560	+4,176	+ 5.33%

June 18, 1981

RGK:ch

1979 TOTAL PLANNING DISTRICT POPULATIONS*

<u>Planning District</u>	<u>0 - 4</u>	<u>5 - 13</u>	<u>14 - 18</u>	<u>19 - 25</u>	<u>26 - 40</u>	<u>41 - 64</u>	<u>Over 64</u>	<u>Total</u>
62	158	422	294	287	644	693	171	2,639
63	80	198	194	243	283	483	170	1,651
64	2,512	5,408	2,911	4,639	7,989	7,028	1,889	32,376
65	502	1,371	1,155	1,294	1,609	2,303	1,419	8,936
51	1,385	3,229	2,051	2,583	4,810	5,734	1,845	21,637
52	256	661	534	561	928	1,344	393	4,677
53	141	354	274	296	430	674	116	2,285
54	629	957	384	431	1,625	559	57	4,642
TOTAL	5,663	12,600	7,797	10,334	18,318	18,818	6,060	78,843

* Of those whose age was known at the time.



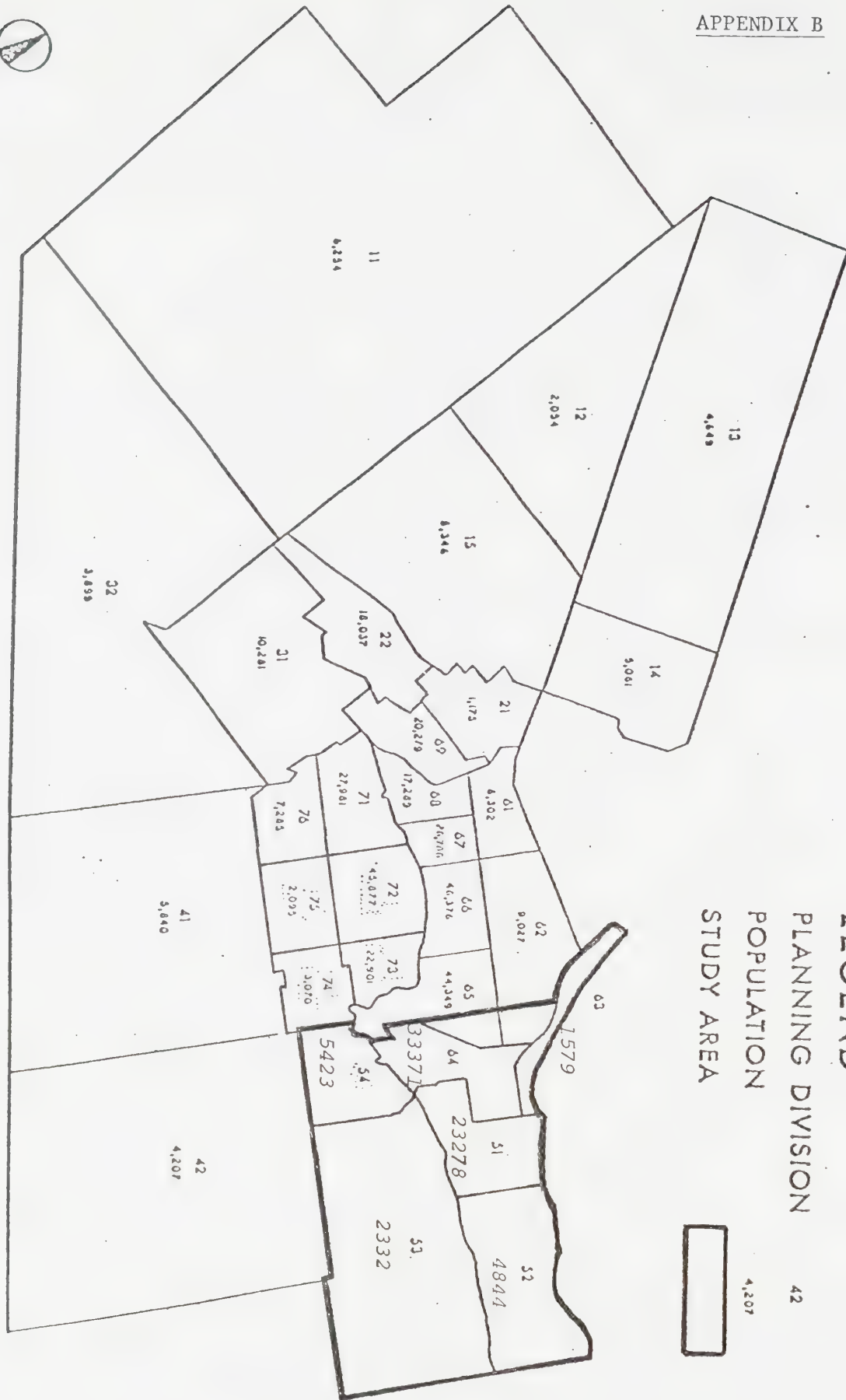
Not To Scale

LEGEND

PLANNING DIVISION 42

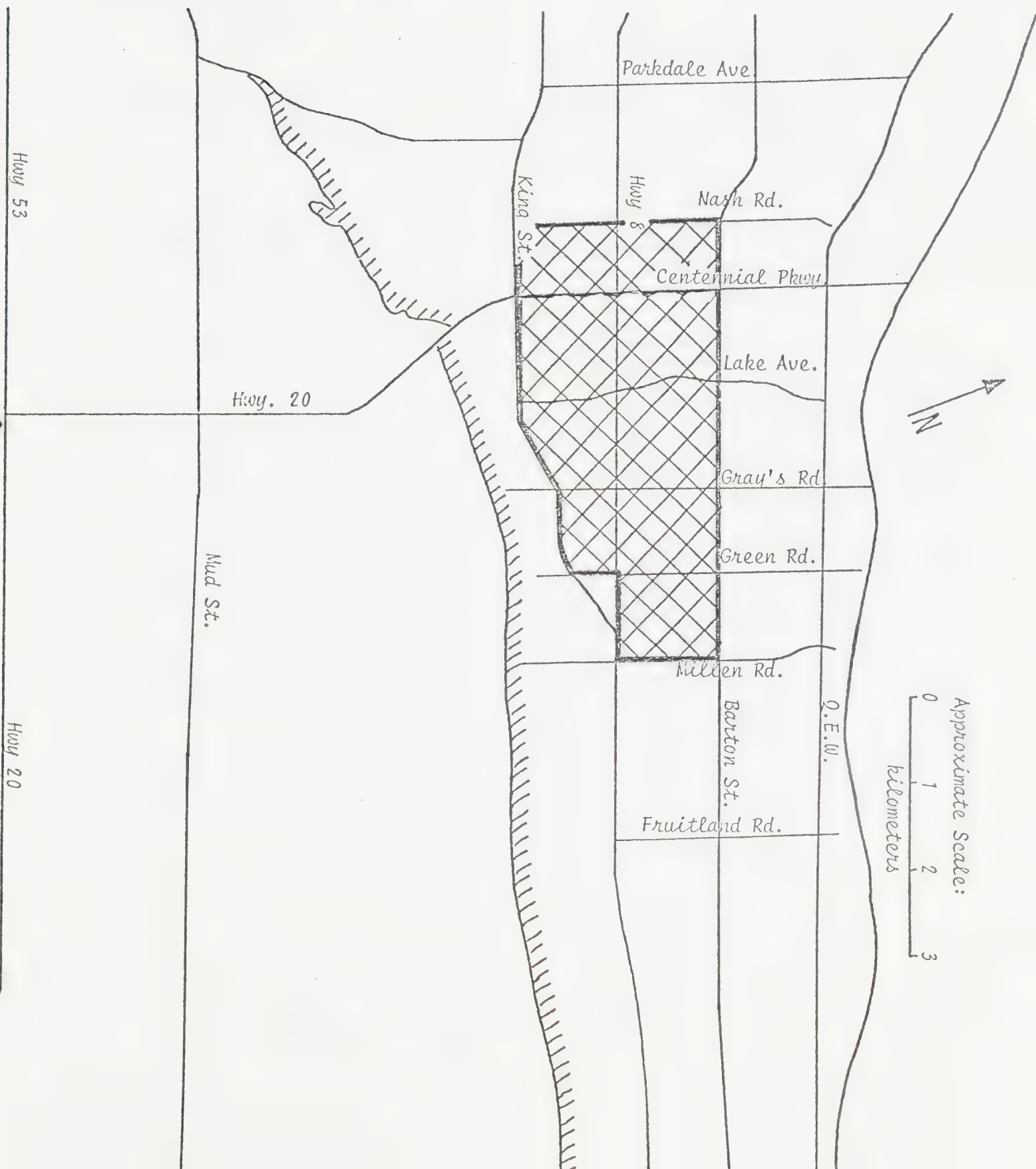
POPULATION

STUDY AREA



1980 POPULATION BY PLANNING DIVISION

PROPOSED AREA FOR THE LOCATION OF THE
EAST END COMMUNITY HEALTH SERVICES FACILITY





Office of the
Minister

Ministry
of
Health

Hepburn Block
Queen's Park
Toronto Ontario
M7A 2C4
416/965-2421

February 6, 1980

Mr. J. H. Lanctot, Chairman
Hamilton-Wentworth District Health Council
Sanatorium Road
Box 2085, Main Post Office
HAMILTON, Ontario L8N 3R5

RECEIVED

FEB 7 1980

HAMILTON-WENTWORTH
DISTRICT HEALTH COUNCIL

Dear Mr. Lanctot:

Thank you for your letter of November 22, 1979, containing your Council's recommendations with respect to the provision of health care services in the East end of Hamilton-Wentworth and the rebuilding of the Hamilton General Hospital.

As I announced during my visit to Hamilton on December 18, 1979, I am pleased to accept your recommendations.

Specifically, approval is given for the immediate rebuilding of the Hamilton General Hospital on its present site, within the funding available through the Ontario Health Resources Development Plan.

In addition, I request your Council to undertake the development of a proposal on the scope, nature and costs of an appropriate community health services facility to serve the people of Stoney Creek and the East end of Hamilton. I would like to see this planning begin as soon as possible so future development of the facility may take place concurrently with the rebuilding of the Hamilton General Hospital.

While this ambulatory care unit would be under the operational responsibility of one of the Hamilton hospitals, it is expected that services offered would be integrated with the network of health services and programs available in the region.

Naturally, it is expected that full opportunity will be provided for all interested parties to have input into planning for this facility.

I commend your Council for the considerable time and energy devoted in developing your recommendations. Kindest regards,

Sincerely,

Dennis R. Timbrell
Minister of Health

EAST END COMMUNITY HEALTH SERVICES FACILITY TASK FORCE MEMBERS

Mr. S.M. Fletcher, Chairman (May, 1980 to April, 1981)
District Health Council member
Hamilton

Mr. P. Dawson
District Health Council member
Stoney Creek

Mr. J. Farnworth, Chairman (April, 1981 -)
Former District Health Council member
Stoney Creek

Dr. C. Moore
Chairman, Department of Family Medicine
McMaster University

Sister Joan O'Sullivan
Executive Director
St. Joseph's Hospital

Mr. W. Phoenix
Citizen
Stoney Creek

Mr. B.P. Solski
Representative, Hamilton Civic Hospitals
Hamilton

Mr. R.C. Walker
Vice-President
Chedoke-McMaster Hospital

Mrs. B. Bagshaw
Citizen
Hamilton

Dr. F.L. Johnson
Chairman, Department of Obstetrics & Gynecology
McMaster University

PROFESSIONAL ADVISORY SUB-COMMITTEE MEMBERS

Dr. F. Johnson, Chairman
Past Chairman, Department of Obstetrics & Gynecology
McMaster University

Dr. Wm. Awrey
Representative from Academy of Medicine
Hamilton

Dr. I.A. Cunningham
Medical Officer of Health
Hamilton

Dr. E. Genton
Associate Dean of Health Sciences
McMaster University

Miss M. Gibbon
District Director, Victorian Order of Nurses
Hamilton

Dr. B. Humphrey
Clinical Coordinator, Department of Psychiatry
McMaster University

Dr. S. Koziak
Representative of the east end medical group
Hamilton

Mr. M. Pennock
Representative of Community Health Care Coordination Group
Hamilton-Wentworth District Health Council

Dr. R. Stammers
Representative of Health Professions Coordination Group
Hamilton-Wentworth District Health Council

Dr. Z. Szereszewski
Representative of the east end medical group
Stoney Creek



RECEIVED

APPENDIX F

Office of the
Minister

Ministry
of
Health

FEB 11 1981

HAMILTON-WENTWORTH
DISTRICT HEALTH COUNCIL

Hepburn Block
Queen's Park
Toronto Ontario
M7A 2C4
416/965-2421

February 5, 1981

Mr. J.L.H. Lanctot
Chairman
Hamilton-Wentworth
District Health Council
Sanatorium Road
Box 2085
Main Post Office
Hamilton, Ontario
L8N 3R5

Dear Mr. Lanctot:

I would like to thank you, Stephen Fletcher and Ray Auld for attending the January 8, meeting to discuss the interim report and recommendations of the Hamilton East End Task Force.

In response to our discussions, I am prepared to have my staff take the necessary steps to have an ambulance depot in the east end. The ambulance which will be stationed in the east end of the region will remain in the region's central communications dispatch. Initially, the vehicle will be staffed and on-site in the east end for 12 hours per day to cover the busiest hours in respect to calls and traffic. By remaining as part of the Hamilton services and dispatch, backup services in off-hours will be assured. The new service will be monitored during the first eighteen months of operation, in order that optimum use can be made of the vehicle.

Accommodation will be required for the vehicle and staff and I will be writing to Stoney Creek Mayor William Sears and Regional Chairman Ann Jones to seek their assistance in providing a facility.

We also agreed that 100 nursing home beds should be added to the east end. I am pleased to advise you of approval for these beds. I anticipate calling for tenders by early June, 1981.

As we discussed at the meeting, your other recommendations require further development in terms of scope of service. In particular, your recommendation on Mental Health will require a detailed proposal and should be submitted through the Adult Community Mental Health Program for consideration in 1981-82.

I look forward to receiving your final report on the east end health facility.

May I thank you and your Council for your continued cooperation and interest in this matter. Kindest regards,

Sincerely,

A handwritten signature in dark ink, appearing to read "Dennis Timbrell". The signature is fluid and cursive, with a large initial "D" and a long, sweeping tail.

Dennis R. Timbrell
Minister of Health

INTERIM PROPOSALS OF THE EAST END COMMUNITY HEALTH
SERVICES FACILITY TASK FORCE

Preamble

On December 18, 1979, the Minister of Health announced approval for the Hamilton-Wentworth District Health Council to develop a proposal on the scope, nature and costs of a Community Health Services Facility to serve the east end of Hamilton-Wentworth. The Minister's announcement was in response to a recommendation from the Health Council which demonstrated a need for such a facility to meet identified deficiencies in health care services in the east end.

As a result of the Minister's announcement, the Hamilton-Wentworth District Health Council established a Task Force to develop an in-depth proposal for a community health services facility. Summarized, the task of this group is to conduct a complete review of the requirements for community health services identified in earlier reports; to determine the most appropriate type of community health services facility for meeting the identified needs for services; and based upon the identified needs, to determine organizational arrangements for these services, keeping in mind that the facility would be under the operational responsibility of one of the Hamilton hospitals.

The Task Force began its deliberations in May of this year and has met regularly since that time. The membership of the Task Force is structured so as to give a balanced cross-section between the views of Health Council members, professionals involved in the Hamilton-Wentworth health care system, and citizens from the east end of the District. In addition, the Task Force has a Professional Advisory Sub-Committee which has a more diverse representation of professionals from throughout the District with special representation from practitioners in the east end.

The Task Force has proceeded by examining information from a variety of sources. The Task Force has examined previous reports which have identified various needs within the east end and the Task Force is also in the process of collecting and analyzing additional information related to the various issues it is addressing. In this regard, resource staff have been dealing with several branches of the Ministry of Health in order to obtain information relating to the utilization of ambulances, medical specialists and hospitals. In addition, each of the institu-

tions within Hamilton-Wentworth have also been involved in providing information related to emergency and out-patient department usage and various community groups and agencies have been contacted to provide information related to other community-based requirements.

Findings of the Task Force To Date

The work of the Task Force has thus far substantiated and further defined the previously identified needs as well as identifying several other issues which require examination. As a result of the discussions to date, the Task Force has determined that any facility developed within the east end will have to encompass a wide range of community-based services. Preliminary indications are that the final complement of services required in the east end will include: ambulance services, support services such as x-ray, laboratory and physiotherapy, specialists' referral services and other out-patient services as may be identified, and services for the elderly and chronically handicapped such as day therapy or day care services. The Task Force also must determine the level of episodic emergency care which is required by the east end community.

In respect to some of the services mentioned above, the information received thus far has emphasized the urgent need for the immediate remedy of certain deficiencies. These services will be detailed subsequently. With respect to the other services, it is necessary to further define the exact needs and to develop organizational arrangements for them. It is not felt that major problems will be encountered in integrating those services developed now into the long term plan for east end services as a whole.

a) Services Required Immediately

The services which the Task Force has determined should be implemented immediately are: ambulance services, nursing home beds and mental health services. With regard to ambulance services, it has become clear to the Task Force through the numerous presentations received from the citizens and professionals in the east end, plus the information contained in the original east end report, that steps should be taken immediately to ensure the provision of improved ambulance services to the east end. The proposed method of accomplishing this would be through the establishment

of an ambulance depot within the east end. It is evident from surveying travel times that the time required for an ambulance to reach the scene of east end accidents and then to transport the patient to the nearest appropriate hospital emergency facility is far greater than in other areas of the district. Given the increasing population in that part of the district, it is felt that this must be redressed immediately.

With respect to nursing home beds, it was the recommendation of the Health Council through the Interim Report on Long Term Care Services, that the Hamilton-Wentworth district be allocated 329 additional nursing home beds. A survey of the distribution of existing nursing home beds shows a disproportionate lack of beds serving East Hamilton and Stoney Creek. For this reason, it is a strong recommendation of the Task Force that, of the nursing home beds to be approved by the Ministry of Health as a result of the Interim Report of the Long Term Care Task Force, enough be allocated to East Hamilton or Stoney Creek to take into account the existing imbalance. This will allow residents of these communities to receive institutional long term care closer to friends and relatives.

With respect to mental health services, the Health Council has recently approved a programmatic report developed by the mental health network within Hamilton-Wentworth. Within that report it was identified that there is a severe lack of community mental health services available within the east end of the district. For this reason, it is recommended that the proposals contained in the mental health program document related to the east end be approved and implemented as soon as possible by the Ministry. These programs can then later be integrated into the overall east end community health services facility programs.

Because of the severe needs which have already been determined, plus the commitment of the Minister to develop a site within the east end which will allow for future expansion, it is recommended that action be taken as soon as possible to acquire land which can be used for the construction of the east end community health services facility. The site selected should have enough capacity to allow for expansion into other services.

Conclusions

The identification of unmet service needs within the east end and the definition of programs which will alleviate these needs has been a lengthy process. It is clear that over this period of time the people of the east end of the district have been doing without services which have been available to other parts of the district for many years. For this reason, it is felt by the Task Force that the actions recommended above should be approved as soon as possible by the Health Council and the Ministry of Health, not only to alleviate the needs which have been identified but as a demonstration of commitment to the residents of the east end that their health care needs are being seriously addressed and that every effort is being made to provide them with services to which they are entitled. For this reason, the Task Force urges the District Health Council and the Ministry of Health to act as quickly as possible upon these recommendations.

Summary of Recommendations

1. That ambulance services in the east end of Hamilton-Wentworth be improved immediately by the establishment of an ambulance depot within the City of Hamilton east of Parkdale Avenue (East Hamilton) or Stoney Creek.
2. That of the nursing home beds to be approved by the Ministry of Health as a result of the Interim Report of the Long Term Care Task Force, enough should be allocated to East Hamilton or Stoney Creek to take into account the existing imbalance.
3. That the recommendations of the Mental Health Program Proposal relating to the east end be approved and implemented as soon as possible by the Ministry of Health.
4. That action be taken as soon as possible to acquire land for the construction of the east end community health services facility and that the site selected should have enough capacity to allow for expansion into other services.

EAST HAMILTON-WENTWORTH PSYCHIATRIC OUTPATIENT SERVICES PROPOSAL

SUMMARY OUTLINE OF PROGRAM

This program, phasing in over two years, will provide a locally-based psychiatric outpatient and consultation service to the population and primary care givers of the East End of Hamilton-Wentworth. This service will be complementary to the psychiatric emergency services and outpatient services to be developed at the Hamilton General Hospital, and will eventually be housed in and administered by, the proposed East End Health Services Facility.

This program is one component of a comprehensive psychiatric services proposal for Hamilton-Wentworth. Further information on the comprehensive plan, and this program's place in it, are available on request.

PLANNING AND GOALS

- A) To provide psychiatric assessments of adults referred by general practitioners and social agencies in the East End. Depending on the difficulty of the case, to provide a range of subsequent services, from consultation to direct care.
- B) To assist local care givers in managing mental disorders and other problems of behaviour.
- C) To coordinate aftercare where required for residents of the East End discharged from psychiatric units in Hamilton-Wentworth.

TARGET POPULATION

The general target population is the adult population of the East End of Hamilton-Wentworth. (80,000¹).

The specific target population is those persons suffering from mental illness identified by primary care-givers and inpatient psychiatric services. (Approximately 400 persons (0.5% of the adult population in the first year, 600 persons in the second year).

¹ Population over age 18 (1979 Hamilton-Wentworth Planning Department figures.)

NEEDS ASSESSMENT

This section of the region is presently grossly underserved, with 3 adult mental health workers per 100,000 population (compared with 9 per 100,000 provincial average). The existing services are available only to patients discharged from the Hamilton Psychiatric Hospital. Because of the unavailability of outpatient services, residents of the East End tend to be treated with inpatient admission.

Evidence supporting the need for an outpatient program is as follows:

- 1) The population of this area uses inpatient services at a higher rate than anywhere else in the city (with the exception of the downtown core). 800 residents of the area were admitted to regional psychiatric services in 1979/80.
- 2) The region contains a number of high risk populations as defined by such demographic variables as low education, low socio-economic status and single-parent families.
- 3) Last year, 450 residents of the area travelled across the city to use the Emergency Psychiatric Services located at St. Joseph's Hospital. The Hamilton General Hospital's Emergency Room receives 2000 visits a year from East End residents with psychiatric disorders.
- 4) Family practitioners in the area have repeatedly requested better access to psychiatric services.

This program is considered a high priority because the increasing demand for psychiatric services in the whole region has led to high use of inpatient facilities. If this demand is to be managed without adding inpatient facilities, then alternatives must be developed. The East End, with its high use of inpatient facilities, is therefore seen as an area of high priority for the development of outpatient alternatives.

This proposal has been approved by the District Health Council. The need for mental health services in the East End, as perceived by other agencies, was well established at a public meeting held in the East End by the District Health Council, October 14, 1980. (See Appendix 1 for excerpts of briefs presented there).

The only mental health service available for adults in the area presently is an aftercare clinic of the Hamilton Psychiatric Hospital, with a clinical staff of 3. Its caseload of approximately 100 East End residents may be filled only on direct referral from the inpatient services of the Hamilton Psychiatric Hospital. It is not mandated to provide aftercare for patients discharged from general hospitals, nor to provide consultation to family physicians or direct service to any person who has not been a patient of the Psychiatric Hospital.

PROGRAM OBJECTIVES

To provide the minimum effective intervention to adults suffering from mental illness, such as to:

- a) Promote early detection and effective treatment of mental disorders in the community.
- b) Avoid use of inpatient treatment where possible, and minimize its extent where not.
- c) Reduce probability of rehospitalization.
- d) Promote the effective management of mental illness by primary care givers wherever possible, in order to reduce the stigma of mental illness, and maximize access to effective treatment.

PATIENT OBJECTIVES

- a) The management of crisis.
- b) Elimination or amelioration of symptomatology.
- c) Reduction of institutionalization.

PROCESS

a) Criteria for Admission to the Program:

Mentally ill adults referred by physicians, social agencies, or hospital psychiatric services. Residents of Hamilton-Wentworth living east of Ottawa Street below the Mountain, and east of Upper Wentworth, above.

b) The estimated average length of stay in the program is 6 months.

(This will range between some patients who are seen for consultation only and referred immediately back to their primary care givers, through some who will be managed on a short term basis, approximately three months, to those maintenance cases who may require regular visits indefinitely.)

c) Location:

The interim location will be rental accommodation of approximately 2500 sq. ft., located east of Parkdale Avenue, and accessible by bus route. The program will be relocated to the East End Health Facility when it is built. (Location presently unknown).

d) Types of Intervention To Be Used:

Psychosocial assessment of all referrals within one week of referral followed by any of the below:

- i) Consultation only, referral to primary care, with additional consultation as needed.
- ii) Brief psychotherapeutic and/or pharmacological intervention.
- iii) Long term psychosocial support and medication.
- iv) Referral for more specialized treatment.

e) Staff;

(i) First Year:

Social work supervisor and clinic manager:	\$26,000.00
Psychiatrist, 5 sessional fees per week at \$138.00	35,880.00
Social Worker (M.S.W.) with three years experience	21,500.00
Registered Nurse with 3 years psychiatric experience	21,500.00
Clerk-typist/receptionist	11,500.00

Staff (cont'd)

To this staff will be added, by secondment from the Hamilton Psychiatric Hospital, the staff of the existing East End Aftercare Clinic.

Fulltime psychiatrist

Social Worker (M.S.W.)

Community Nursing Supervisor

Registered Nurse

Clerk-typist

(ii) Second Year - add:

Two psychiatric nurses	\$43,000.00
M.S.W.	21,500.00
Clerk-typist	11,500.00
Sessional Fees for Psychiatric Supervision (3/week)	21,528.00

Plus, negotiated salary and fee increases for 1982/83.

INFORMATION SYSTEMS

Program effectiveness will be monitored through the clinic's participation in the Network Management Information System. The impact of additional outpatient services should be measurable in terms of:

- a) Number of referrals from primary care.
- b) Number of cases accepted for aftercare.
- c) Proportion of East End residents requiring inpatient treatment.
- d) Average length of stay of East End residents on inpatient services.

Methods used to monitor patient progress will include:

- a) Level of functioning indicators¹.
- b) Intake and discharge rate.
- c) Reduction in per patient utilization of inpatient services compared with preprogram utilization.

Program data will be entered into a microcomputer. Stored data will be transferred to the central computer at the HPH and reports prepared from these data².

¹ Application for research funding to implement level of functioning indicators for the total network of psychiatric services is being made simultaneously.

² Details of the Network Management Information System are available on request.

- 7 -
OUTCOME

Achievement of program objectives will be indicated by the following criteria.

Criterion Indicator	Present	First Year	Second Year
a) Hospitalization Rate	50%	48%	46%
b) Inpatient Days per 1,000 population.	to Be Determined	Stable or slight increase.	Stable or slight increase.
c) Length of Stay	To Be Determined	Average reduction 1 Day.	Average reduction 2 Days.
d) Referral to Primary Care	6%	7%	8%
e) Readmission Rate (varies with hospital e.g. H.P.H.)	(e.g. 15% -3 years)	(e.g. 13% - 3 years)	(11% - 3 years)
f) Utilization of other emergency services	18% of EPT visits	12% of EPT visits	6% of EPT visits

Criteria to Assess Achievement of Patient Objectives will be as follows:

- a) Improvement of Level of Functioning
- b) Reduction in Symptomatology
- c) For the Chronic Aftercare Group, stability of functioning and symptomatology, avoidance of rehospitalization.

Patients will be determined to be ready for discharge when:

- a) They are suitable for management by a primary care worker with backup.
- b) Immediate crisis has been managed and they are capable of selfcare.
- c) Continued treatment is of no demonstrable benefit.

Some patients will require interminable psychosocial support and maintenance medication.

RESOURCES

a) Facility :

A minimum of 2,500 sq.ft., including a reception and secretarial area, conference room, 5 interviewing rooms, 7 offices, and a minimum of two washrooms.

Option 1

Office rental at \$10.00/sq.ft./year
(heat and light included) - \$25,000.00

Option 2

House - rent - \$7,200.00 per year, heat - \$2,500.00 per year, light - \$1,500.00 per year,
Total - \$11,200.00 per year plus initial renovations including air conditioning, sound proofing, wheelchair access.
Estimated at \$15,000.00 (Dependent on zoning)

b) Staff Salaries

	<u>First Year</u>	<u>Second Year</u>	<u>Third Year</u>
Fulltime	\$80,500.00	\$172,150.00	
Fringe Benefits	15,490.00	30,987.00	
Sessional Fees	35,880.00	60,000.00	
TOTAL SALARIES	130,870.00	263,137.00 (+9%)	281,557.00
c) Furnishings	5,990.00	2,711.00	332.00
d) Janitorial (\$1.49/sq.ft. x 2500 sq.ft.)	3,725.00	3,725.00	3,725.00
e) Telephone	1,800.00	1,550.00	1,500.00
f) Microcomputer	10,094.00	-	-
g) Equipment (typing and dictating)	2,289.00	1,765.00	-
h) Service contract on (g)	455.00	664.00	664.00
i) Miscellaneous (supplies, postage, printing, advertising, insurance)	5,000.00	5,000.00	5,000.00
TOTAL: Option 1: (Office Rental)	185,223.00	303,552.00	317,778.00
TOTAL Option 2: (House Renovation and Rental)	186,423.00	289,752.00	303,987.00

BRIEFS AND LETTERS PRESENTED TO THE EAST END COMMUNITY HEALTH SERVICES FACILITY TASK FORCE. OCTOBER 1980.

Summary of Content Relating to Mental Health, Counselling, and Psychiatric Services.

(Originals are on file at the offices of the Hamilton-Wentworth District Health Council.)

Addiction Research Foundation: Presentation on a Community Based Health Facility to the East End Community Health Services Facility Task Force, October 9, 1980.

"Our preferences ... are that this facility encompasses a combination of both health and psychosocial care services." (p.2)

"An analysis of client-related requests for assistance from A.R.F. has revealed that, by far, the East End is heavily over-represented. the types of services requested by East End residents are outpatient counselling, an assessment and referral unit, day-care programs, case management and follow-up services." (p.4)

Children's Aid Society of Hamilton-Wentworth. Letter to Hamilton-Wentworth District Health Council re: East End Community Health Services. October 7, 1980.

"... the following services should be provided in a multi-service centre; ... mental health outpatient services....

... we are very much concerned about the seeming lack of on-the-spot or community-based counselling resources

... this area attracts a disproportionately high share of services ..."

Department of Psychiatry, McMaster University. Brief to the East End Community Health Services Facility Task Force, October 14, 1980.

"This area (the East End) has one-quarter the outpatient services of other areas of Hamilton-Wentworth, it has the second highest rate of use of inpatient psychiatric services.

... the East End includes a number of high risk groups; single parents, unemployed, the elderly ...

... presently 450 persons cross the city every year to use psychiatric emergency facilities at St. Joseph's Hospital. An estimated 2000 visits a year are made to the Hamilton General Emergency Room."

Hamilton-Wentworth Home Care Program. Letter to East End Community Health Services Facility Task Force. October 10, 1980

"Services required

1. ... a clinic setting that would incorporate psychiatric intervention and ongoing counselling. ... 24 hour coverage is essential in light of the preponderance of shift workers.

3. Outreach activity ... would include:

... consultants ... in the fields of ... sexuality, ... retirement, ... palliative care, marital adjustment, ...parenting skills, adolescent and geriatric.

Hamilton-Wentworth Housing Authority. Letter to East End Community Health Services Task Force. October 7, 1980.

" ... the following ... services should be provided:

... 2) Psychiatric Ward (Inpatient Treatment).

... the Outpatient Department should coordinate Outpatient Psychiatric and Assessment and Placement Services."

Health Professions Coordination Group "A": Hamilton-Wentworth District Health Council. Presentation to the East End Community Health Services Facility Task Force. October 14, 1980

" ... a wide range of ambulatory systems ... specialty clinics, e.g. ... child and adolescent, mental health ..." (p.2)

"... A mixed team of health professionals including physicians, nurse practitioner, social worker, child life worker, and physiotherapist ... would ... intervene in crisis situations ..." (p.3)

International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America (U.A.W.) Local 525. Brief to Task Force on East End Community Health Services. October 14, 1980.

" ... We are presently in communication with management representatives to establish Employee Assistance Program ... designed to lead to earlier recognition of personal problems that can affect work performance. Employees ... are urged ... to seek help from social and health professionals."

"It is anticipated that these programs will generate a need for outpatient, diagnostic and counselling services for some of our members from the Stoney Creek area. We would recommend that any new health facility planned for the East End should include a capacity to provide these outpatient services for our members."

Pro-Hospital Committee. Submission to the East End Community Health Facility Task Force. October 14 1980.

5. Mental Health and Psychiatric Services

Our position is also unequivocal in this service need:

... community mental health services are lacking in the East End in relation to the District as a whole.

..., we strongly recommend that both an in and outpatient mental health and psychiatric service be provided in our area.

ACCESS

*A MODEL FOR FREE-STANDING
EMERGENCY MEDICAL FACILITIES*

ACCESS

ACCESS is an acronym for Ambulatory Care Centre/Emergency Services System. ACCESS is a unique concept in the delivery of health care introduced by the Fairfax Hospital Association. It is a free-standing emergency medical facility serving the citizens of north-west Fairfax County, Virginia, which is adjacent to Washington D.C. The facility provides 24 hour a day, seven day a week emergency medical services. Also provided are out-patient laboratory, radiology and E.K.G. services as well as a setting for out-patient surgery under local anesthetic. The facility opened for patients on May 3, 1977.

Fairfax Hospital Association is a non-profit corporation founded for the purpose of operating hospitals in Fairfax County. The Association operates three hospitals and leases the buildings and land from Fairfax County. Fairfax Hospital, the largest of the three, is a 656 bed acute teaching institution which operates and staffs ACCESS as part of its Emergency Department.

The service area for which ACCESS was designed comprises five suburban residential communities in close proximity to Washington D.C. Some light industry is located in Reston as well as the Dulles Airport. The population is approximately 90,000 to 100,000 with over 66% of the population under the age of 24. The elderly (65+) group is only 3.5% of the total.

At the time ACCESS was planned in 1973 the population in the service area was 40,000. The community had 10 to 20 practicing physicians and an HMO serving 10,000 people.

The concept of ACCESS is based on the need of this readily identifiable population for emergency medical services recognizing that at the present time using accepted standards of distance, time and population, adequate acute care beds are available. Because of increasing population, land development and traffic congestion the travel time between this community and the nearest emergency department had increased to 45 minutes or longer. Ambulance time is approximately 20 to 25 minutes.

Organizationally, the staff at ACCESS is considered as part of the staff of the Emergency Department at the Fairfax Hospital. Physician coverage is provided by the same physician's group that provides coverage to the Emergency Department at the Fairfax Hospital. A physician is on the premises 24 hours a day, seven days a week. There are at least two registered nurses on duty around the clock. There is at least one radiology technician and one laboratory technician on duty 24 hours a day. Support staff consists of an environmental officer providing supply services, security services and basic engineering services as well as at least one administrative/registration clerk. Because the facility is considered an integral part of the Emergency Department at the Fairfax Hospital, day to day management is provided by the appropriate administrator at the Fairfax Hospital. A Clinic Manager is present on site during day time hours.

In order to provide definitive emergency medical care, it was determined that around-the-clock laboratory and radiology services were also needed. These services are available at ACCESS for the treatment of emergency patients. They are also utilized in providing out-patient laboratory and radiology services. This includes pre-admission testing. Realizing that emergency facilities are generally most busy between the hours of 3 p.m. and 11 p.m., the facilities are made available during the a.m. period to the local medical community performing out-patient surgery under local anesthetic.

Ambulance service to ACCESS is provided by the Fairfax County Fire and Rescue Services. The Fairfax County Fire and Rescue Services provide specially equipped mobile intensive care units staffed by highly trained paramedical personnel for this purpose. These same MICU's are also utilized as basic life support units and as advanced life support units in rescue operations. The personnel staffing these units are trained by the Emergency Department physicians at the Fairfax Hospital. The training program has two courses: an 80-hour course for EMT's, and a 320 hour cardiac care course. Through the cooperation of the Fairfax County Fire and Rescue Services a mobile intensive care unit is available 24 hours a day for use in transporting patients from ACCESS to an acute care hospital. Throughout the transport phase the patients are monitored via telemetry by a physician at ACCESS or at the Emergency Department of the hospital. Directions for the care of these patients while in transit are the responsibility of the monitoring physician and are carried out by the paramedical personnel on the vehicle.

Approximately 10% of the total emergency visits are rescues transported by the Fire and Rescue Services. About 3 per month are diverted directly to the Fairfax Hospital. These are mainly multiple trauma requiring anesthesia and surgery. About another 8 per month are brought in by lesser trained ambulance personnel and should have been diverted to Fairfax Hospital. The other by-pass directly to Fairfax Hospital is third trimester bleeding patients.

Of the total numbers of visits, which in 1980 was 26,587, 94% were non-life threatening and 6% were life threatening emergencies which were stabilized and sent on to Fairfax Hospital. The admission rate for Fairfax Hospital Emergency Department is 12%. The admission rate for ACCESS is 3%.

The number of emergency visits to ACCESS has increased from 14,364 in 1977, during which ACCESS was only open eight months, to 26,587 in 1980. During this same time period, the Fairfax Hospital Emergency Department dropped from 63,242 visits in 1976 to 57,995 visits in 1979. The visits to Fairfax Hospital Emergency Department have since risen in 1980 to 60,765.

The head of the Emergency Department claims that ACCESS has the capability to handle 50,000 or more visits without any capital expansion. He bases this comment on the low severity of the caseload and the low turn-around time for laboratory and x-ray diagnosis.

In 1977 when ACCESS was built, it cost \$989,000 for construction and built-in equipment such as diagnostic radiology. Equipment and furnishings cost an additional \$280,000. The total facility which comprises approximately 10,000 sq. ft. of usable space cost \$1,300,000. It was financed by Fairfax County general obligation bonds and Hill-Burton funds. The land was donated by Fairfax County. ACCESS occupies six acres with an additional twenty-six acres for eventual expansion. The County does not supply any operating funds, but ACCESS, which is a separate cost center on the hospital budget, is at the break even point budget-wise after four years of operation.

ACCESS has had a positive impact on the physicians practicing in its service area. Although their on-call mechanisms are still in place, it has reduced the amount of late night and evening calls, there are fewer disruptive emergencies during office hours and because there is no continuing or on-going care provided at ACCESS, all patients treated are referred back to their own

physician with their records. In the case of the local HMO, permission to treat is secured after diagnosis on all HMO enrollees. The local physicians use ACCESS for out-patient laboratory tests and x-ray examinations and pre-hospital admission testing is also done at ACCESS.

There are several parallels between ACCESS and the proposed East End Health Care Facility:

- the population in the service area is similar
- the number of visits is very close to the number estimated for the East End Health Facility
- the distances to acute hospitals and ambulance times are similar
- the staffing and administration of the facility, the types of emergency cases handled, the number of primary care physicians in the service area and the demonstrated need for an emergency facility rather than an acute hospital are all factors that have a similarity to the issues the East End Task Force has been deliberating.

The only change that the hospital administrator who planned the facility would make if he had to do it over, would be to have several special or multi-purpose rooms available for community use.

RGK:jm
July 9, 1981

NOTE: This report is based on an on-site visit to Fairfax Hospital and ACCESS on June 4 and 5, 1981, including interviews with Fairfax Hospital Administrator Wm. F. Jacobs; the Associate Director for Professional Services, Andrea Fenton; and Dr. Wm. Cassidy, Chairman, Department of Emergency Services.

HAMILTON PUBLIC LIBRARY
3 2022 21292235 1



URE

1258
MADE IN CANADA